

Psychoeducational group activity – A model for clients of rehabilitative work

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<p>Abstract</p> <p>Since mental health problems are a globally known public health concern, effective prevention of mental health disorders has become an increasingly important part of mental health work. Psychoeducation is an essential part of patient counseling, treatment, rehabilitation and prevention of any long-term or recurring mental health disorders. Little was known about the role, impact and efficacy of psychoeducational group activity in the context of rehabilitative work. Based on the general knowledge of clients of work rehabilitation, it was assumed that the clients would benefit from psychoeducational group intervention aiming to promote mental health and well-being.</p> <p>The aim of this development work was to organize psychoeducational group activity for clients of rehabilitative work program. The purpose was to create a model for group sessions as a part of rehabilitative work. The development project was implemented in cooperation with an organization operating in Central Finland area. The project implementation included three pilot group sessions. The perspective of mental disorder prevention was integrated with services aimed for people suffering from long-term unemployment. The developed model for psychoeducational group activity in work rehabilitation was based on theoretical, evidence-based knowledge and it was structured according to the three pilot group sessions.</p> <p>Future research is needed to understand how psychoeducational approach is supporting the health and well-being of the clients in rehabilitative work services.</p>		
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1 Introduction

Mental health and substance abuse problems are a well-recognized public health concern worldwide. In Finland, one in five people suffer from mental disorders (Huttunen 2015). In 2016, mental disorders accounted for 42 % of disability pensions in Finland (Tilastokeskus 2017). The risk of experiencing mental health problems is higher in certain individuals and groups. For example, unemployment is considered to be a risk factor for mental health problems, whereas getting or returning to work is promoting good mental health. (WHO 2013, 7; WHO 2017.)

Prevention of mental disorders is recognized to be the most efficient and sustainable way in reducing the burden associated to mental health problems. Effective prevention requires that its interventions are offered in varied settings and integrated within public sectors such as social welfare and employment. These linkages through different sectors create a wide range of health, social and economic benefits. (WHO 2004, 13-14.)

In Finnish context, the Act on Rehabilitating Work Experience (189/2001) entered into force in September 2001. In sixteen years rehabilitative work programs have become a stabilized social service provided by the municipality for people with long-term unemployment. In the end of August 2017 altogether 20 500 individuals were participating in rehabilitative work activity (Työ- ja elinkeinoministeriö 2017). The aim of rehabilitative work is to improve the client's life management skills and functional ability in order to enhance ability to return or access to employment. In addition, the aim is to reduce the risk of social alienation by offering access to work activities and other services. (Karjalainen, Kirjavainen, Mattila, Sipilä & Valkonen 2015, 5.)

During these years rehabilitative work has improved the rhythm of life of the clients and offered a means to engage in social activities. However, only few of the clients have made transition to work. (Sandelin 2014, 14.) It has been suggested that achieving the goal of improving the client's potential to find work requires development of the services to better meet the individual needs of the client. Furthermore, the clients' experiences have been highlighting development needs on the level of society such as creating more low-threshold jobs. (Tammelin 2010, 10).

In this development project the perspective of mental disorder prevention is integrated with services aimed for people suffering from long-term unemployment. Wide range of evidence-based preventative programs are available for different mental health disorders (WHO 2004, 13). For example, several psychoeducational interventions have shown scientific evidence of their effectiveness. Psychoeducational approach has been utilized to support unemployed men and individuals on sick leave and at risk of having a mental disorder (Murphey & Shillingford 2012; Pedersen, Søgaaard, Frostholt, Labriola, Nohr & Jensen 2014). To our knowledge, implementation of psychoeducational approach has not been studied in the context of work rehabilitation.

This thesis was implemented in cooperation with Sovatek foundation. The aim of the development project was to organize psychoeducational group activity for clients of rehabilitative work program. Based on three pilot group sessions, a model for psychoeducational group activity as a supplement to other rehabilitative work activities was created. In the future this model can be utilized to develop psychoeducational group activity in rehabilitative work units of Sovatek.

2 Psychoeducational interventions in the field of health care

2.1 Multiple applications of psychoeducation

Psychoeducation is an evidence-based educational working method in health care field, mainly in mental health care. Originally it was used in psychiatric care to treat patients with psychosis or schizophrenia. Currently psychoeducation is an essential part of patient counseling, treatment, rehabilitation and prevention of any long-term or recurring mental health disorders. Psychoeducation is based on the idea of accepting the existing mental health disease and considering the effects of it. The aim of psychoeducation is to provide concrete tools for the clients to cope in their life and thus increase their ability to manage their illness. (Hämäläinen, Kanerva, Kuhanen, Schubert & Seuri 2017, 187-189; Vuorilehto, Larri, Kurki, & Hätönen 2014, 129.) Furthermore, the aim is to provide information to patients about their illness and thus increase the comprehension of their condition and promote the feeling of control over their own life (Pulkkinen & Vesanen, 2014).

Psychoeducation is successfully used in variable settings in mental health care. For example, psychoeducative activities have been used in the treatment and rehabilitation of patients suffering from eating disorder (Pettersen, Rosenvinge & Wynn 2011), post-traumatic stress disorder related to child abuse (Dorrepaal et al. 2012) and in preventing postpartum depression in at-risk women (Ugarte et al. 2017). However, psychoeducation is not only applied for patients with psychiatric disorders but also for medical diseases such as diabetes (Cezaretto et al. 2016). Also, there are indications that psychoeducational programme has a short-term effect on the mental health and physical pain of patients with colorectal and anal cancer (Ohlsson-Nevo, Karlsson & Nilsson, 2016). Furthermore, psychoeducation has been utilized in changing public attitudes towards sex offenders (Kleban & Jeglic 2012) and in teaching about psychological reactions in the aftermath of an earthquake (Sahin et al. 2011).

According to Donker et al. (2009) psychoeducation may also be implemented in a passive form, for example through providing clients with leaflets. While it is inexpensive and easy to implement, the results suggest that the intervention can reduce the symptoms of depression and psychological distress. The online services in the healthcare field are increasing, thus the applications targeted for mental health patients are also developed. Results of the study conducted by Poole, Simpson and Smith (2012) show that psycho-educational programme for patients with bipolar disorder was feasible and acceptable for the users who were comfortable using a computer.

2.2 Elements and goals of psychoeducation

The term psychoeducation can be misleading as the aim is to collaborate with the client – rather than implement traditional roles of teacher and pupil in an authoritarian manner – and create an equal relationship in which information can be shared. Since the individual situation and experiences of the client or the family is the starting point of psychoeducation, the solutions are searched in cooperation with the caregiver. It is the role of the caregiver to respect client's experiences and connect the current evidence based knowledge of nursing and medicine to the experiences by bringing their professional expertise to the discussion. (Hämäläinen et al. 2017, 187-188.)

As psychoeducation is an interactive working method, the health care professionals have an opportunity to increase their own knowledge by listening to the patients and

their families' statements (Vuorilehto et al. 2014, 130). Components of a psychoeducational programme may be for example providing information about symptoms, treatments and resources. Furthermore, training patients to use coping strategies to manage the symptoms can be part of psychoeducation. (Sachie, Eri, Ayumi, Koujiro & Masayoshi 2015.) For example, sessions of a psychoeducational program for patients being treated for chronic mental illness included understanding of the disease and its symptoms, the importance of drug treatment, side effects of the drugs, coping with the side effects, recognition and follow-up of the warning signs, and knowing emergency intervention when warning signs appear (Duman, Yildirim, Ucok, Er & Kanik 2010, 660).

The knowledge of patient rights, different treatment options, prognosis and the effects of the illness for everyday life are important to the clients. The information should be tied to the individual experiences of the clients in order to help them to understand their own situation, emotions and how to cope with their feelings. Knowledge about the illness also improves the ability to recognize the possible warning signs of a relapse. The knowledge about the illness reduces the patient's experience of it as a negative, shameful issue or something that should be hidden. Furthermore, the knowledge improves self-care and engagement to pharmacological treatment and therapy. (Hämäläinen et al. 2017, 189-190; Vuorilehto et al. 2014, 130.)

Psychoeducation can target to an improvement of the communication and problem solving skills of the client, which are important skills supporting coping. These skills may be rehearsed individually but also with the family members to decrease stress and burden inside the client's family. When working with a family with psychoeducational approach, also the children of the family are included. Children need age-appropriate information about the condition of a family member in order to understand the behavior. (Hämäläinen et al. 2017, 188-189.) For example, psychoeducational intervention program helped the informal caregivers of elderly people to cope with care-related stress (Alves et al. 2016, 70). Similarly, a psychoeducational training improved the quality of life of caregivers of patients with Alzheimer's Disease by minimizing distress and helping to develop problem-solving strategies (Martin-Carrasco, Franco, Valero & Villanova 2009).

2.3 Efficacy of psychoeducation

Several studies have been conducted to evaluate the efficacy of psychoeducational interventions, and research has shown the benefits for both patients and their families. Lee, Xie and Parasuram (2014) introduced results suggesting that psychoeducation reduces the rates of relapse and readmission among schizophrenic patients. Furthermore, psychoeducation improved psychosocial functioning of the patients as well as medication and treatment adherence. According to Chien et al. (2013), many psychoeducational programs have shown positive effects in terms of relapse prevention and increase in knowledge about the illness. However, there are still uncertainties about the efficacies in other important patient outcomes such as quality of life.

Psychoeducational interventions using a group format have shown to enhance peer support (Sin & Norman 2013). In group meetings the participants benefit from sharing experiences and thoughts to people with similar conditions (Hämäläinen et al. 2017, 188). Furthermore, the participants may benefit from interaction, corrective familial experience, acceptance, catharsis and learning, all of which are general therapeutic factors in group therapy (Cakir & Camuz Gümüş 2015).

Efficacy of supportive family interventions on patient outcomes has been emphasized in the literature. For example, Sin and Norman (2013) support early provision of psychoeducation to family members of people with schizophrenia in order to improve family members' knowledge and coping. They found a group format to be particularly valued by family members as it enabled sharing experiences with other carers. Likewise, providing psychoeducation for families with children with ADHD has improved parent and child satisfaction and child's knowledge about ADHD (Montoya, Colom & Ferrin 2011).

Shorey et al. (2015) introduced a psychoeducational intervention to a group of women who had given birth for their first child. The results suggested that the intervention improves emotional well-being, enhances confidence and promotes help-seeking behavior of the mothers. Pettersen et al. (2011) suggest that psychoeducational programme might be beneficial in the healing process of eating disorder. Their study

states that increased knowledge of the disease and reflection of different future scenarios may facilitate readiness to change and therefore predict good outcome of the healing process.

2.4 Improving occupational functioning by psychoeducation

Murphey and Shillingford (2012) presented a psychoeducational group counseling approach to support unemployed, middle-aged men. The group was designed to offer an opportunity to explore issues commonly associated with unemployment. For example, focus of the group was in expressing feelings, reducing depression and anxiety, improving interpersonal communication, building social support and providing an improved sense of control. The primary goals of the group were to provide men with tools to better cope with their life situations, to make their situation less stressful for them and their families, and to provide them with improved self-image. (Murphey & Shillingford 2012, 89-90.)

In Denmark, group-based psychoeducational intervention targeted to individuals on sick leave and at risk of having a mental disorder has been evaluated. The purpose of the sessions was to provide participants with the capacity to understand and improve their own situation through knowledge, dialogue, personal experiences, tools, problem-solving techniques, and coping strategies. The aim of the study was to evaluate the effectiveness of psychoeducation as a supplement to various standard services provided by job centers. (Pedersen et al. 2014; Højfeldt et al. 2015.)

On the basis of the trial intervention, researchers would not recommend offering psychoeducation in that specific form to facilitate return to work. One reason for the inefficient trial was assumed to be that interventions were not tailored to the participants' individual needs as participants were suffering from different mental health problems. Another reason for not finding an effect was supposed to be the open groups which resulted in a lack of continuity. Therefore, participants were not well connected socially, which limited their opportunities to exchange experiences with others. Furthermore, sessions were suspected to be based too much on lectures instead of discussion about the participants' own challenges. (Pedersen et al. 2015.)

However, personal experiences of the participants revealed that psychoeducation as a rehabilitative intervention was considered to be relevant. In summary, participants valued connection with others in the same situation and practical tools and exercises. According to the interviews of the participants, psychoeducational sessions could be improved by performing more exercises and providing less information based on lectures, and increasing possibilities with sharing personal stories with the peers. (Højfeldt et al. 2015, 193, 196-198.)

3 Prevention of mental health disorders of clients in rehabilitative work

In this chapter, the concept of mental disorder prevention is presented and utilized to explain the contents of psychoeducational group sessions. Based on general information about the clients of rehabilitative work and their needs, providing mental health services as supplement to other activities is assumed to be beneficial in order to enhance well-being of the clients.

3.1 Clients of rehabilitative work

Based on the literature, clients in rehabilitative work services are mainly over 25 years of age, have a low education level, and are long-term unemployed. Substance abuse, financial and mental health problems are common among clients, and state of health is considered to be poor. (Sandelin 2014, 10-12.) Based on hearing the clients it has been suggested that goals of rehabilitative work should first concentrate on benefits that concern the individual life situation, everyday skills and well-being of the client before it is possible to gain objectives concerning employment or education. The basic idea behind so called "life first" -oriented approach is to first guarantee that clients have the skills, knowledge and life situation needed in order to apply for a job or studies. (Tammelin 2010, 59.)

The skills and competences gained from the rehabilitative work activity seem to benefit the clients in terms of social policy rather than in terms of employment policy. The clients feel that the rhythm of life improves and the activity provides an important social environment. Moreover, in rehabilitative work clients can engage in meaningful

work and activities. The clients report that their self-esteem improves and they become more active. Likewise, their working and functional ability improves. Some of the clients feel that the rehabilitative work benefit has improved their financial situation. However, only few make a transition to work or education. (Sandelin 2014, 14.) The primary aim of mental health work is to promote functional ability, increase well-being and ability to work, and promote growth of one's personality (Hämäläinen et al. 2017, 27).

3.2 Prevention in the field of mental health

According to WHO (2004), at least one of four people worldwide develop one or more mental or behavioral disorders during their life. Mental health problems are found everywhere around the world, regardless of nationality or region. The aim of preventive interventions in mental health field is to reduce risk factors and promote protective factors related to mental ill-health. Therefore, prevention of mental disorders is acknowledged as an essential method in reducing the psychological, social and economic burden that is caused to society. (WHO 2004.)

Mental health work can be divided into three categories: mental health promotion, prevention of mental disorders, and treatment of mental illness (Hämäläinen et al. 2017, 29-30). One of the means of mental disorder prevention is to utilize mental health promotion strategies in order to achieve the reduction of symptoms and eventually mental disorders (WHO, 2004). Mental health promotion refers to strengthening of psychological resources to enhance well-being and quality of life (Wahlbeck, Hannukkala, Parkkonen, Valkonen & Solantausta 2017). Mental health promotion can be targeted to factors such as the ability to solve problems, interpersonal skills, stress management skills and skills related to self-awareness. These skills help people to cope with stressful and burdening situations in their lives. Increased productivity and improved ability to work as well as enhanced physical health are possible benefits of mental health promotion. (Hämäläinen et al. 2017, 29.) Mental health promotion and prevention of mental disorders are two separate theoretical concepts but the boundaries are overlapping and they can be seen as complementary activities (WHO, 2002). WHO (2004) report states that common protective factors of mental health are asso-

ciated with features of positive mental health: Self-esteem, positive thinking, emotional resilience, feelings of mastery, ability to manage stress, and social and problem-solving skills. Therefore, the preventive interventions targeting to enhance protective factors, operate by using the same features that are used in mental health promotion. (WHO, 2004.)

Primary prevention of mental health disorders is targeted to prevent the incidence of mental health disorder among persons who are in increased risk of developing a mental disorder. Primary prevention works by decreasing the risk factors and on the other hand by promoting the mental health protective factors in one's life. Secondary prevention is targeting persons with first symptoms of a mental disorder, focusing on the early detection and treatment of mental health disorders. (Lavikainen, Lahtinen & Lehtinen, 2004.) This can be seen as an example of how mental health promotion and prevention of mental disorders are closely related to each other.

Hämäläinen et al. reminds that occurring situations in one's life are perceived individually, therefore the same incident might be stressful to one but not for the other person, and furthermore, the effect varies depending on one's individual situation in their life. Factors that have an effect on mental health can be for instance, unemployment or perceived economic distress. In mental health care, it is essential to identify the early symptoms indicating mental health problem and furthermore, provide care before the symptoms develop into an actual mental health disorder. (Hämäläinen et al. 2017, 24, 26, 30.) Mental health promotion is likely to prevent mental health illnesses and mental health promotion can be used as a part of mental health services. (Lavikainen, Lahtinen & Lehtinen, 2004, 34.)

3.3 Themes for the psychoeducational groups

In this development project a model for psychoeducational group activity was developed for a rehabilitative work unit. The planning was based on general knowledge of the target group, and certain general themes associated with mental disorder prevention were chosen in order to benefit as many clients as possible despite their different individual needs. Themes for group sessions were recognizing one's own strengths, positive self talk, and stress management.

The academic discipline of positive psychology is the study of competencies and resources that promote mental health. In the field of positive psychology positive emotions and health have been the focus of studies and evidence-based interventions have been developed to improve well-being. These interventions include activities that aim in developing positive feelings, behaviors, and cognitions (Slade 2010; Sin & Lyubomirsky 2009). Existing studies demonstrate that performing positive psychology exercises can be associated with higher levels of life satisfaction. For example, systematic literature search conducted by Bolier et al. (2013) shows that positive psychology interventions can be effective in the enhancement of psychological well-being. Furthermore, it has been suggested that positive psychology interventions can be satisfactory for patients as they provide a positive mental health model and therefore may reduce the risk of stigmatization (Lopez-Gomez et al. 2017). Positive mental health is also related to improved physical health as well as better educational achievements and positive health behavior. (THL 2017.)

Positive self-talk as a theme of one pilot session was aiming to increase the feeling of hope and positive thoughts about the future. Hope is an essential factor of one's expectations about future. Hope promotes positivity regarding an outcome of situations and occasions in their life and furthermore, hope is said to influence the life satisfaction of a mental health patient. The adaptability and life satisfaction of mentally ill patients could be improved by psychotherapeutic intervention promoting hope. (Khanam & Bukhari, 2014.) Furthermore, identification and exploration of one's own strengths appears to have a beneficial effect on life satisfaction (Proctor et al. 2011).

Mental health problems can develop into different mental health disorders due to stressful situations or incidents (Hämäläinen et al. 2017, 26). Psychoeducation and relaxation interventions can alleviate stress, depression, and anxiety by providing both theoretical and practical approach. Relaxation has the opposite effect in the body than stress, and psychoeducation may empower the clients by providing information of their mental disorders and factors related to stress. (Shah, Klainin-Yobas, Torres, & Kannusamy, 2014.) Similarly, Townsend (2015, 8) suggests that the initial step in managing stress is to become aware of the factors that create stress and the feelings associated with a stressful response.

4 Work rehabilitation at Sovatek

This thesis was implemented in cooperation with Sovatek Foundation, which is an organization operating in Central Finland area. Organization is based on expertise and cooperation of psychosocial rehabilitation. While promotion of employment is one of their goals, one of the multiple services the foundation is organizing is so called work training. It is communal training targeting to improve client's functional ability and sense of coherence, and promoting their capability to apply for a job or study place. (Sovatek-säätiö) In this thesis we are cooperating with their functional work unit called Buusti. The focus of the unit is on evaluating the functional and working abilities of the rehabilitee utilizing both individual and group methods. The evaluation targets to considering the present life of a client and to help them recognize their assets, improve their social skills and to make further plans with them. (Sovatek-säätiö, b.)

Based on the general knowledge of clients of work rehabilitation, it was assumed that the clients of Sovatek unit would benefit from psychoeducational group intervention aiming to promote mental health and well-being. The structure of the group was flexible enough to implement three group sessions into their schedule and the number of clients participating seemed also suitable for the planned development project.

5 Aims and purpose of the thesis

The aim of this thesis was to organize psychoeducative group activity for clients of rehabilitative work program. The purpose was to create a model for group sessions as part of rehabilitative work. In the future this model for the group meetings can be used to develop psychoeducative group activity in rehabilitative work units of Sovatek.

6 Description of the development project

6.1 Definition of development work

This thesis is a development project of practical nature. A development project as a thesis serves practical and developmental needs of the working community while

building professional competencies of a student. A thesis that is a development project can involve for example a creation of event, business plan, new product or artistic work. A development project is typically divided into two parts: the product or event to be developed and a descriptive report of the process. Report is the reflection of what has been done on the field. Besides describing what was done, it clarifies why particular choices were made and how they were justified. The report states what were the results and conclusions of the work. The theoretical foundation is also presented in the report. It is important that the report follows the guidelines of scientific writing. (Vilkkä & Airaksinen 2003, 9, 65.)

Heikkilä, Jokinen and Nurmela (2008, 21, 55) define development work in the field of social and health care as action which aims at creating new or improved services. According to them development approach can be utilized in order to find realistic possibilities to put new ways of action into practice. Toikko and Rantanen (2009, 16) highlight the goal-directed nature of the development process. They see development as concrete action which leads to change, growth and advancement.

Little is known about the role, impact and efficacy of psychoeducative group activity in the context of rehabilitative work. The developmental goal of this thesis was to create a model for group sessions that can be utilized when planning improved services for clients of rehabilitative work.

6.2 Planning of the development project

Realistic and concrete plan has an essential role in managing a project. Profoundly built foundation and analytical planning advance the process of contriving a plan. Nevertheless, unexpected changes might require changing or adjusting the plan in order to reach the aims and goals of the project. (Silfverberg 2007, 34.) In project management literature development work is often structured using a project phases model. In the model development process proceeds from initiation, planning and organizing to actual implementation, closing of the project, and final evaluation. (Toikko & Rantanen 2009, 10.) In this thesis a project phases model (Figure 1) was utilized in the planning phase in order to create a structured plan for the development project.

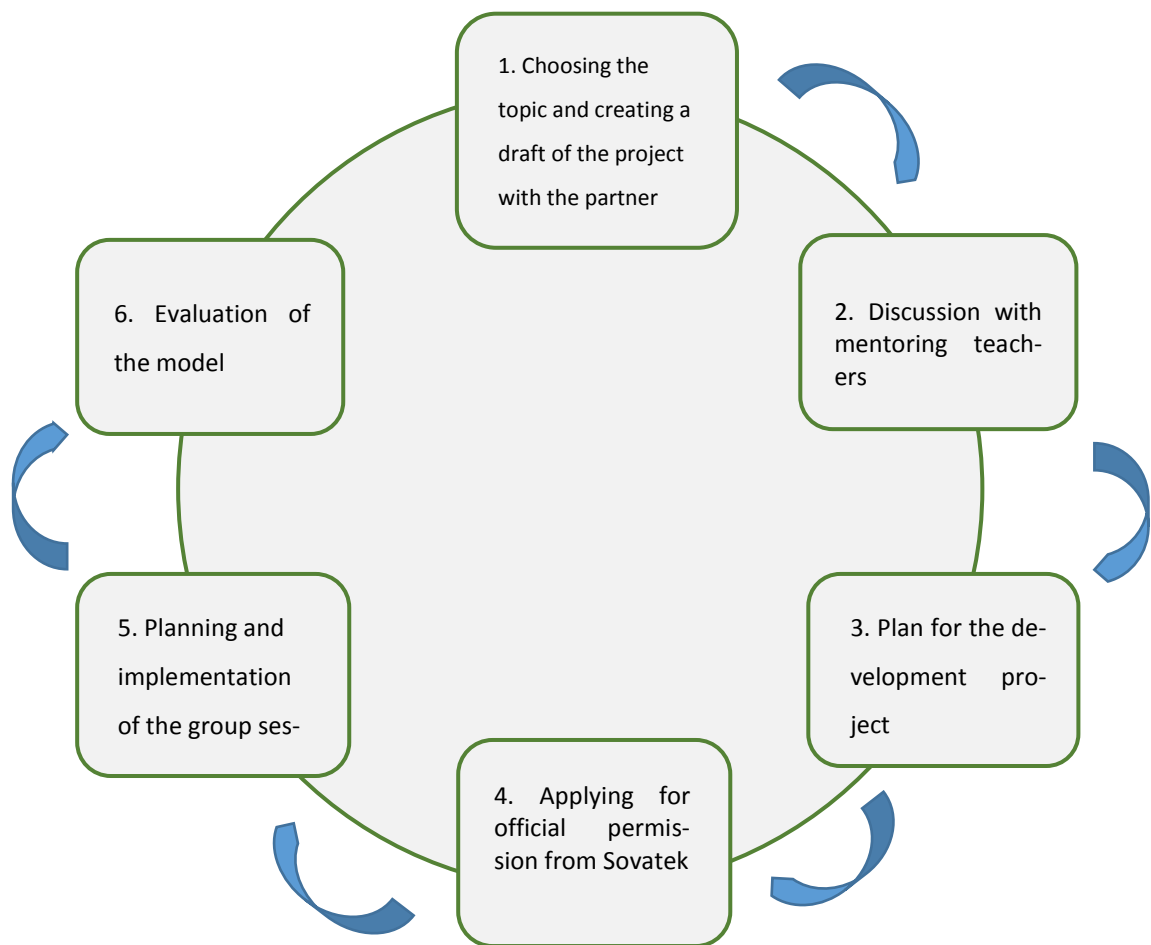


Figure 1. Phases of the project.

Silfverberg (2007, 47-48) reminds that it is important to cooperate with the associates in a development project as their opinions and needs guide the project. Cooperation allows that planning is based on actual needs and opportunities. In the planning phase of this thesis cooperation with the partner was essential. Draft of the development project was planned and agreed together with the workers of Buusti unit. The idea of organizing psychoeducational group sessions and creating a model that can be utilized in the future was considered helpful and beneficial. Moreover, themes for the group sessions were planned together as well as the estimated timetable for the project. Afterwards, teachers mentoring this thesis were consulted about the plan for the development project. An official permission for conducting this thesis was applied from Sovatek before the actual planning and implementation of the group sessions began.

6.3 SWOT analysis in the planning phase

Organizations in the field of social and health care must continually adjust their way of acting. One technique to plan possible development changes is called SWOT analysis. The abbreviation refers to examination of organization's strengths, weaknesses, opportunities, and threats. Strengths and weaknesses usually stem from factors within the organization, whereas opportunities for growth and improvement and threats arise from external factors. (Harrison 2010, 92.) In this thesis SWOT analysis was utilized in the planning phase of the group sessions (Table 1). Paying systematically attention to opportunities and weaknesses strengthens understanding of the factors that can possibly affect to the thesis process. According to Silfverberg (2007, 52) SWOT analysis can be used in order to be prepared for the most obvious obstacles during the process. Besides utilizing SWOT analysis in the planning, it can be a useful tool for self-reflection during the actual implementation phase and when evaluating the final results (Heikkilä et al. 2008, 63).

STRENGTHS	WEAKNESSES
Motivation of the authors	Little experience of group leading
Practical topic related to working life	Limited results due to small amount of group sessions
OPPORTUNITIES	THREATS
Model can be utilized to develop group activity in the future	Passive group members
Empowerment of the clients	Uncertainty of the group size
Professional growth of the authors	Changes in the timetable
Reflecting current skills in working life situation	
Improvement of group leading skills	

Table 1. SWOT analysis.

6.4 Implementation of the group sessions

This thesis project included altogether three group sessions. Time available for the development project was limited and three group meetings were considered to be the minimum for testing psychoeducational group approach in rehabilitative work. The duration of psychoeducative programs is often longer. However, already three sessions were considered to provide enough information to create and evaluate the model for psychoeducational group activity. Even though resources for organizing group sessions were limited in this development project, even a couple of sessions can be beneficial for the client (Hämäläinen et al. 2017, 216).

The sessions were organized in the same workshop and at the same time as group members gather on a weekly basis. Thereby threshold for participating in group activity was kept as low as possible. The sessions were organized over a period of two months and each meeting was approximately one and half an hour long session. Length of the sessions was planned according to expectations of how much time is needed in order to provide interesting and beneficial group activity. One and half an hour long meeting was estimated to allow deep enough discussion and support the ability to concentrate for the exercises.

The themes for the pilot group sessions were decided according to evidence-based knowledge about mental disease prevention and the needs of the target group. Evidence-based wellness strategies and tools were utilized in the planning of the exercises. Central aim for the group sessions was to provide new information and techniques that would support the mental health and well-being of the clients.

Altogether ten clients participated in the organized group sessions. Group meetings were planned to function as an open group. An open group allows new members to be admitted as others may leave the group, and the group continues despite the changing of the members (Corey, Corey & Corey 2010, 120). Open group format was considered to support the nature of Buusti group as clients attend on activities according to their own flexible schedule. Each group involved four to six group members. Some of the group members participated to one session, while others were present twice. In every session the group consisted of different people. It is important to regard that even though the group format was open, the group members were familiar to

each other already beforehand through the rehabilitative work program. Half of the participants were women and half were men.

All the three group sessions were planned to follow similar structure to some extent. In the beginning of each meeting brief introductions were made. Moreover, group members were informed that the group session was part of a thesis process. The theme for the group session was also shortly introduced in the beginning. During the actual group activity different kind of exercises with a focus on well-being were performed and discussed. In the end of each session the group members filled a feedback form about their experiences. Participants were informed that the feedback would remain anonymous.

The theme of the first group session was recognizing one's own strengths. The theme was introduced to the group with examples of how they could utilize the knowledge of their own strengths in the future. In the first exercise the group members were pondering and categorizing their personal strengths, abilities and hopes while filling their own "tree of resources" (Appendix 2). After finishing the exercise, they were asked to share one or more factors they placed to the picture. In the second exercise the group members were practicing to see the strengths in other people by writing down strengths of other group members to a paper (Appendix 3). The aim of the last exercise was to identify own strengths and resources. The participants chose one card from approximately 50 different cards demonstrating various moods, thoughts and ideas. Everyone showed their card to the rest of the group and explained the reasons for the strength they chose.

The theme for the second group session was positive self talk. The session focused on recognizing subconscious thinking patterns and core beliefs. The aim was to discuss how these automatic thoughts and assumptions affect daily reactions and choices. The idea was demonstrated through ABCD-model (Appendix 4) and various examples related to the model were introduced to arise discussion among the group members. Secondly, a Mind Body Bridging -method was utilized in an exercise that can be used as a tool in stress relief and understanding one's own feelings (Appendix 5). Lastly, the group performed the same exercise with cards than in the end of first group meeting.

The last session dealt with stress management. The aim for the session was to identify symptoms of stress, stress triggers and ways to manage stress. Above all, the aim was to activate the group members and enable them to use their already existing knowledge about the topic. In the beginning of the group session, the group members were guided to consider what stress is, how it can feel and how stress could be managed. Their answers were compiled to a paper board and discussed in the group. Finally, participants collected their ideas and suggestions into a poster about stress management. The ideas listed to the poster were discussed more deeply with the group. The second exercise was a short, guided progressive relaxation. The structure of each pilot group session summarized in Appendix 1.

Method →	The aim →	Psychoeducational elements
Exercises related to stress control	Methods for stress control and problem solving	Provide concrete tools for coping
Recognizing own strengths	Increased knowledge	Maintaining hope
Discussion, sharing thoughts	Rehearsing communication skills	Positive thoughts of the future
Relaxation	Interaction in group	Empowerment
	Methods for stress control and problem solving	Stress release

Table 2. Psychoeducational elements of exercises.

Psychoeducational approach was the starting point of planning the pilot sessions. Themes chosen for the sessions were decided according to the knowledge of psychoeducation, mental disorder prevention, health promotion, and the characteristics of the client group. The connection between the exercises and psychoeducation is visualized in Table 2. Exercises related to stress control were used to provide concrete tools for the clients in relation to life management and especially stress control. The aim of increasing their knowledge of stress as a phenomenon and providing stress

management techniques, was to improve clients' ability of coping in stressful situations throughout life. Relaxation exercise demonstrated the effect of stress relieving methods that were already discussed during the group session.

Increased knowledge of one's strengths was planned to promote positive thoughts and hopeful attitude of one's life. By concentrating on the positive aspects like skills, interests and dreams, the idea of own potential was reinforced, and on the other hand the client could benefit of an empowering experience.

Throughout the sessions, discussion and communication among the group members and group leaders was considered an important factor. Not only does it improve the communication skills of clients but it also allows the clients act as active members of group, which was considered to increase the feeling of involvement.

7 Evaluation

7.1 Psychoeducational elements and strategies in group sessions

The model for psychoeducational group activity was created and structured based on evidence-based knowledge and according to the experience gained in the group sessions. In this section, psychoeducational elements and strategies implemented in the pilot sessions are argued and evaluated.

Based on the ideas of shared expertise and dialogue, the goal for the group sessions was to create an equal relationship with the group members. Instead of giving a lecture about a certain theme, the aim was to create a trusting atmosphere in which all the participants can feel themselves safe to share ideas, experiences and information. Acceptance plays important role in the group. Therefore, creating a safe and non-judgmental atmosphere is necessary (Hautala et al. 2013, 169). Three meetings is a limited period of time to form a relationship with the group members. Despite the short period of time, some elements could be interpreted as signs of trust: increase in communication and open statements concerning personal matters.

The three group sessions indicated that some types of exercises were definitely more fruitful in order to create and maintain above mentioned approach in group meetings.

According to our observations participation of the group members were more active and enthusiastic if they could utilize their own experiences and already existing knowledge. It seemed that the best method for clients of the rehabilitative work program was to enable that group members can learn from each other and practice to express themselves while being encouraged by the group leaders. In line with this observation, findings of Højfeldt et al. (2015) suggest that participants of psychoeducational group valued possibilities to share personal experiences with people in similar life situation. Group meetings need to be planned so that members of the group can feel encouraged to share their knowledge and experiences. Above all, group leaders are present to create an atmosphere and facilities that allow this kind of sharing and learning. This aspect is mentioned in the model and should be taken into account when planning further group activities.

The three organized group events included several exercises and all of them were not supporting the psychoeducational approach. Reflecting and learning about the factors that might have an influence on the motivation of the participants and the atmosphere of the session has been rewarding. The second group session was the most challenging one of the three. Firstly, inner speech and positive thinking as themes were difficult to approach already in the planning phase. Secondly, it was more challenging to find appropriate exercises for the session. Compared to the first and third session, the clients were not as motivated about the theme and remained more passive.

Afterwards many reasons for the unsuccessful session were identified. Our attitude towards the topic that was perceived difficult might have been reflecting on the situation. Rather passive participation of the group members led to situation in which we had to improvise and invent a great amount of examples and ideas of the topic. The theme was supposed to arise positive thoughts but discussion concerned the negative ways of thinking to some extent. This experience affected on our approach on the theme of the next session and the focus was kept on the positive aspects in order to provide a motivating and empowering experience. Providing positive mental health model is suggested to be satisfactory for patients and to enhance protective factors for mental health such as positive thinking, feeling of mastery and self-esteem (Lopez-Gomez et al. 2017; WHO 2004). As a result, emphasizing the positive sides and solutions is highlighted in the model.

Providing information is perceived as one of the most important aims of psychoeducation (Pulkkinen & Vesanen 2014). Therefore, providing evidence-based information and techniques that would increase the quality of life of the clients was central aim for the group sessions. The idea of using the experiences and knowledge of the clients as a starting point was emphasized during the planning phase. Nevertheless, it surprised us how much knowledge and practical experience the participants already had about the chosen themes. Discussions revealed that many of the clients had been dealing with the same issues and exercises earlier in previous workshops or through some form of mental health treatment. If clients of the rehabilitative work would have been participating already in the planning phase, themes and contents of the meetings could have been decided according to their interests and needs. Therefore, it is stated in the model that involvement of the clients should be ensured when planning group activity.

Besides providing new techniques, leading psychoeducative group demands ability to guide the participants to find new aspects in already familiar exercises and help them develop their reflection skills. On the whole, familiar group is a safe environment to practice different skills that serve the members in future social interactions outside the group. For example, participants can learn skills related to interaction, reflection and self-understanding. (Hautala et al. 2013, 168; Caruso et al. 2013.)

7.2 Psychoeducational group leadership

Reflecting the group sessions, the most important functions of group leaders were to motivate, encourage and inspire the clients to participate. Furthermore, spoken thoughts of the group members were specified and clarified in order to comprehend the meaning profoundly and promote dialogue. For example, if a client answered with one word to a question, further questions were presented by the group leaders. This offered the client an opportunity to share ideas and feelings more specifically with the group. Presented ideas were commented and positive feedback was given. Reflection was used to ensure that the message was understood correctly. Moreover, reflection was utilized as an encouragement to continue the ongoing discussion. The themes were discussed as much as possible through clients' own thoughts and experiences.

By focusing on their comments, the group leaders were trying to enhance the discussion commenced by the participants.

According to Schwartzberg et al. (2008), the leader is able to lead the group towards its goals and needs by promoting certain behavior among the group members. Above-mentioned functions of the leadership are examples of how a group leader can support the group to achieve its psychoeducational goals. Group leading skills such as listening, clarifying and summarizing, supporting, creating connection between the group members, and asking questions are methods to support the members in interaction and encourage them in participation and expression (Hämäläinen et al. 2017, 213).

Role of the group leaders was emphasized by the fact that verbal communication between the clients and commenting on the ideas of others was inactive throughout the group sessions. As a whole, the participants needed continuous support in sharing thoughts and experiences with other group members. However, the expressions and gestures of the participants revealed that sharing own ideas and being heard and understood was meaningful to them. Consequently, gentle encouragement enabled the participants to get the important benefit from the group experience. Therefore, it is stated in the group activity model that skills in guiding and advancing the interaction are needed from the group leaders. Caruso et al. (2013) explored factors important to group experience of patients with severe mental health disorder. In their study the experience of sharing thoughts and emotions with other group members is regarded as one of the core elements to promote change.

When organizing psychoeducational group activity, the structure of the group session as well as the role of the group leaders should be planned beforehand. For these pilot group sessions, communication was not strictly planned beforehand, rather it was planned to be adjusted according to the situation. Flexible planning seems to advance natural and relaxed atmosphere in the group session. Furthermore, it has been studied that participants of psychoeducative groups prefer free discussion and sharing of ideas over scheduled presentations about the theme (Højfeldt et al. 2015). During the exercises, the other one of the group leaders was responsible for explaining and conducting the activity. The other one commented and participated according to each situation. The cooperation between the group leaders felt natural, peaceful and balanced.

7.3 Evaluation of weaknesses and threats

In this development project SWOT analysis was utilized in the planning phase of the group sessions. Furthermore, aspects listed to the foursquare were reflected both during the implementation phase and when creating the model for group activity. Evaluation of the matrix of weaknesses and threats revealed that some of them actualized during the implementation phase.

Weaknesses included little experience of group leading and small amount of group sessions. Little existing experience of group leading was not considered as weakness in the end. The most essential factors in successful group leading are basic interpersonal skills. Listening to the clients, being sensitive to what is happening in the group, and giving encouraging comments and feedback felt natural and went well even without experience from leading psychoeducational groups. However, every session taught something new about group leading and gave more readiness to lead groups in the future. One specific challenge occurred to be supporting very passive group members in interaction in a way that they would not feel negative pressure in the group situation.

Development of the group remained in the early stages due to small amount of sessions and because the composition of the participants was different every time. Therefore the group was all the time in the phase of forming. Pressure given to the leadership might be bigger when group has not formed yet. In the beginning participants are leaning on the leader, whose responsibility is to create an atmosphere which allows expressing different kind of emotions (Hämäläinen et al. 2017, 214). In creating a trusting and positive atmosphere we succeeded generally well. On the other hand, some of the participants would have needed more than one or two sessions to get used to the idea of a group activity that is based on speech and discussion. From the perspective of the leadership, it would have been interesting to observe how the group forming is developing in the future.

Threats included uncertainty of the group size, passive group members, and changes in the timetable. In advance threat of uncertainty of the group size included fear about not having big enough groups. However, in a smaller group all the participants got enough space to share their thoughts. A small group size enabled everybody to receive

personal attention and feedback. Themes discussed were suitable for small groups as also personal experiences could be shared more freely.

Timetable of the implementation had to be re-scheduled because of not having enough participants to form a group on the day of first group session and because of a sudden sick leave. Importance of a well-planned timetable for a development project is evident. However, ability to react to changes with a flexible attitude is essential. Flexibility and ability to improvise were qualities required in several situations. In this thesis project meaning of flexibility has emphasized also because of organizational changes and uncertainties. For example, planning of the thesis and cooperation with Buusti unit was originally settled with workers who were no longer working during the actual implementation phase. However, cooperation with Sovatek has been functioning despite the changes in the personnel.

One crucial threat that was not anticipated beforehand was that group members often were in a very different level with their skills. One of the participants could have problems with understanding basic written sentences because of a language barrier, whereas another one could express emotions fluently and precisely. Different level of skills made it challenging to provide exercises that suit for everybody in the group without anyone getting frustrated or bored. Furthermore, getting to know the clients and their skills and interests provoked several ideas and possible themes to use if there would have been more sessions.

7.4 Feedback from the group members

In order to create a functional and practical model that serves the needs of the clients, feedback of their experiences during pilot sessions was collected. The questions were related to the content of the group sessions and the information was utilized in development of the model for Sovatek. The clients were asked to fill a feedback form (Appendix 6) in the end of each session. They were informed that feedback forms would remain anonymous. The questions in the feedback form were mainly related to the exercises, and the feedback from the clients was mainly positive. The forms were in Finnish as well as the answers. The examples below have been translated by the author.

“What do you think was beneficial to you? – Self-examination. You learned to express yourself.”

“What do you think was beneficial to you? – Sharing your thoughts to others.”

“What did you think about the exercises? – Nice in a small group.”

As mentioned earlier, some clients were already familiar with some of the exercises that were introduced during the group sessions and they expressed their wish to learn something new.

“What was not good?” – “I have done exercises like these a thousand times before, it should have been more creative.”

“What did you think about the exercises?” – “Interesting and some of them new to me.”

“What was not good?” – “The length of the exercise.”

As a summary of the feedback; the comments of the clients were mainly positive. However, it is important to understand that besides the written feedback, other factors were evaluated as well. After each session the group leaders reflected their feelings and observations about the group sessions, and both verbal and nonverbal communication was considered. One limitation regarding feedback was that the written feedback was concise, not all the questions were answered by every client. Therefore, it was considered only one part of evaluation of the group activity.

8 Model for psychoeducative group activity

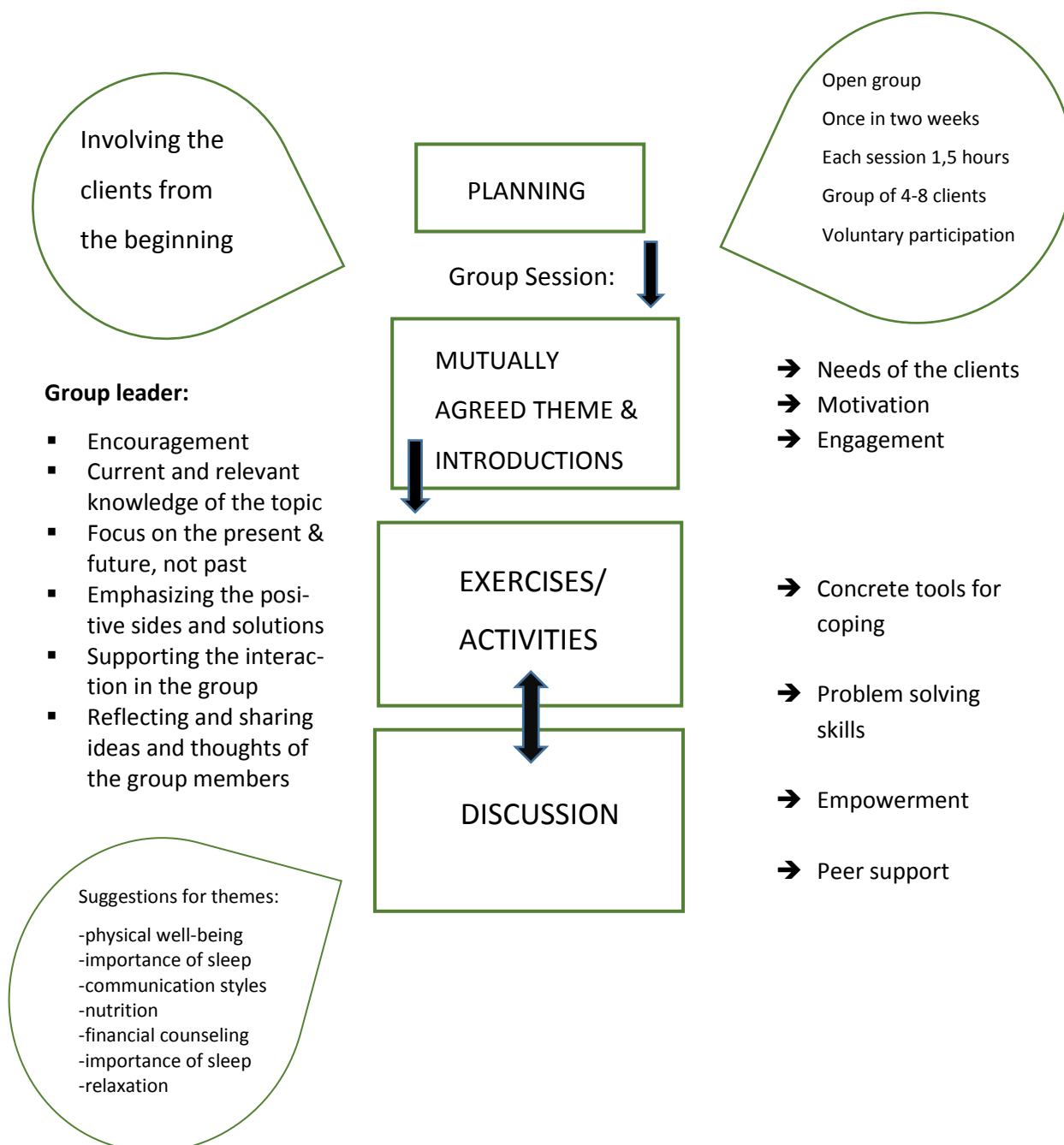


Figure 2. Model for psychoeducative group activity.

The result of this development work is a model for psychoeducative group activity in Sovatek work rehabilitation. The model is based on theoretical, evidence-based knowledge and it is structured according to the three pilot group sessions that were

part of this development project. The model is visualized in Figure 2. The model includes the phases of group activity: planning, starting the group with the chosen topic, exercises or other activities, and discussion. The role and key functions of the group leader are included in the model. It demonstrates the factors that are essential for the group leader in order to promote psychoeducational approach during the group sessions. The components of psychoeducation can be used as guidelines when choosing the exercises or other activity during the planning phase as well as during the group session.

The psychoeducational group activity model is planned to function as an open group. In this model open group is chosen based on the nature of Buusti group. It is a low-threshold, so called non-stop group, which means that clients can be admitted in the group when needed, and moreover, the length of the periods clients spend in Buusti varies. Therefore, when planning the model, it was natural to attach the psychoeducational group activity as a part of Buusti's routine as a service available for all clients during their period in Buusti. Moreover, as mentioned earlier, the group activity is based on voluntary participation, not on obligation or compulsion. Factors that promote the clients' engagement to group activity are motivation, the idea of the importance and meaningfulness of the group activity, and furthermore, involving the clients in the planning of the rules, goals, working methods and agreements of the group (Hämäläinen et al. 2017, 212).

The group consists of clients with various needs, different ages and backgrounds. To our knowledge, the composition of the client group in Buusti is most likely heterogeneous, depending on the diversity of the clients attending to the group. There are benefits in both homogeneous and heterogeneous groups: similarity of people in a homogeneous group may promote cohesion, sharing a common problem might enable bonding with others in a similar situation, and increase open sharing of thoughts and feelings with others. On the other hand, heterogeneous membership of a group allows the participants to improve their interpersonal skills with the help of feedback from variety of people. (Corey et al. 2010, 118.) Moreover, the clients are likely to become familiar with each other through Buusti group, which may increase the cohesion in psychoeducational group sessions as well.

According to the feedback and observations, the optimal group size for the group sessions is relatively small, four to eight clients. According to this model, the client of work rehabilitation would have an opportunity to attend to a psychoeducational group session once in two weeks, each session approximately one and a half hour long. The number of group sessions per one client would depend on the length of the period they attend work rehabilitation. For instance, a client who attends to rehabilitative work activities for three months, would have an opportunity to participate in six psychoeducational group sessions. The main focus of the clients is to attend to the rehabilitative work activity and, therefore, the psychoeducational group activity is planned to support the rehabilitation and well-being. The group sessions require a space with little disturbances or loud noise, since it is easier to concentrate in a calm place. To promote low-threshold group activity, it is recommended that the psychoeducational groups would be located in familiar environment of work rehabilitation.

This model suggests individually tailored themes for the psychoeducational groups. According to the pilot sessions it is essential to involve the clients to the decision making in order to understand their individual needs. The basic idea is to promote mental health and well-being of the clients. Therefore, it is important that the group leader has suggestions or options for the group members when discussing and choosing the themes. Themes related to well-being and mental health promotion can be for instance physical well-being, relaxation, financial counseling, communication styles, importance of sleep, emotion control, or nutrition. The topics should be versatile to address all the different needs of a heterogeneous group (Pedersen et al. 2014). The implementation of the themes can vary from providing theoretical information and discussion or implementing the ideas in practice.

Naturally, the planning is always the starting point of the group activity. Nevertheless, the order of discussion and exercises or activities may vary or mix with each other. It is essential to have a flexible plan for the group session. Two group leaders attending the sessions support the interaction by creating dialogue if the group members are rather passive or need encouragement. It is possible that due to the nature of an open group and it's changing members, the cohesion in the group is difficult to achieve. Nevertheless, it is possible, with the high level of activity of the group leaders. (Corey et al. 2010, 121.) Good reaction skills are required from the group leader, which means

that the group leader is able to understand and sense the development in the group, and is also capable of reacting to the messages accordingly. (Hämäläinen et. al. 2017, 213.) Therefore, reacting to the initiatives that rise from the group members is essential, a good discussion might take place sooner or later than planned, and the group leader should prepare for changes of plan.

9 Discussion

9.1 Discussion of the development project

The aim of this thesis was to organize psychoeducative group activity for clients of rehabilitative work program. The purpose was to create a model for group sessions as part of rehabilitative work. To our knowledge, no studies about psychoeducation in rehabilitative work activity are available. However, based on the theoretical knowledge of the effectiveness of psychoeducation and the clients of the rehabilitative work, it was assumed that the client group could potentially benefit from mental health promotion implemented in psychoeducative groups. Moreover, the importance and influence of good mental health is known to be a significant factor affecting the health and well-being (Lavikainen et al. 2004).

The plan for psychoeducational groups was assessed during three pilot group sessions. The number of sessions was minimal, however adequate to implement the psychoeducational activity and assess the weaknesses and strengths of the plan. Based on the feedback and self-assessment, it is suggested that the psychoeducative group model may provide beneficial elements for the clients of rehabilitative work activities. The model provides a frame for a psychoeducative group and it can be modified according to various topics chosen by the user of the model. The model includes the phases of group activity, the features of psychoeducational approach, and key functions of group leader. Moreover, the model suggest that the topics are chosen based on the diverse needs of the clients, although the importance of mental health promotion is emphasized in this development work.

There are several limitations in this thesis. First, the assessment of group activity was based on only three pilot sessions. When creating the model for psychoeducative

group activity, defining guidelines for the recommended number of group sessions proved to be challenging. Therefore, it is suggested in the model that number of the group sessions depends on the length of clients' rehabilitative work period instead of giving a clear programme for sessions. Furthermore, changing composition of the group members in each psychoeducational session should be evaluated critically. The decision to choose an open group format was justified on the grounds of nature of Buusti group. However, organizing closed group sessions could provide benefits especially to clients who feel themselves more comfortable in familiar group. In the feedback one of the clients requested for more deep discussion about the themes. More thoughtful discussion might occur naturally if group activity was organized as a closed group.

Secondly, the assessment of the model was done only by the authors, even though the opinions of a neutral party and workers of cooperative organization could have provided more thorough feedback which could have affected the design of the model. As the number of pilot sessions was limited, further assessment of the model is required. The model can be developed based on increasing knowledge of the topic and by identifying the needs of both the professionals and clients of rehabilitative work. The challenges met during this development project may vary as the model is implemented in long-term practice.

During this development project some needs for further studies emerged. As mentioned before, finding evidence-based knowledge and studies about the benefits of psychoeducation to the clients of rehabilitative work was challenging. Therefore, future research is needed to understand how psychoeducational approach is supporting the health and well-being of the clients in rehabilitative work services. For example, future studies may examine the experiences of the clients in more detail. Moreover, there is need for more knowledge about the benefits of group activity in rehabilitative work services. In the future, further studies about the topic could be utilized to promote the development of psychoeducational activities as part of rehabilitative work.

9.2 Ethical considerations and reliability

There are several ethical matters which must be considered when conducting a research. It is stated that respecting the human value should be considered as a starting

point when conducting research in human sciences. (Hirsjärvi, Remes, Sajavaara, 2009, 23, 25). The autonomy of participants should be respected and they should have a chance to decline their participation in the development project. Truthful and comprehensive information about their rights and responsibilities should be offered to the participants. (Heikkilä et al. 2008, 44-45.)

In this thesis project the participants of the development project were informed that the groups sessions were part of the thesis, a developmental work. The clients were attending voluntarily to the activities and they were told that the feedback they give would remain anonymous. The identity of the clients was not exposed in any phase of the project, and no data of the clients' identities was collected during the project. Respect towards the personal stories of the group members were shown during the whole process. Official permission for the development project was granted by Sovatek and the details of the group sessions were agreed with the Buusti workers. Reflecting the ethical aspects and reliability of this thesis, lack of written consent of the participants can be considered as a fault.

Development work and research conducted in universities of applied sciences should follow the good scientific practice (Heikkilä et al. 2008, 43). The guidelines of Ethical Principles for Jamk University of Applied Sciences were followed as well as the principles of good scientific practice (Finnish Advisory Board on Research Integrity 2012; Jamk University of Applied Sciences 2013).

Critical examination is required in selection of sources while conducting a thesis (Hirsjärvi et al. 2009, 113). Sources used in this thesis were critically evaluated to ensure the reliability and validity of the development work. Data was collected from databases (Cinahl, PubMed, Academic Search Elite) combining relevant keywords. Potentially relevant studies were also searched from the reference lists of publications and from Google Scholar. Furthermore, relevant information was obtained from textbooks.

9.3 Professional growth

While serving developmental needs of the working community, a development project as a thesis also builds the professional competencies of a student. In SWOT analysis

the possibilities of this thesis project were anticipated to be own professional growth, improvement of group leading skills and possibility to reflect current skills in a working life situation.

Planning, implementing and evaluating this development project has been a long process. Completing all the different phases of the thesis from initial ideation and searching for relevant theoretical information to planning and organizing the group sessions, creating the model for psychoeducational group activity and reflecting the whole process has been a valuable learning experience. Conducting a practical working-life project as a thesis has promoted our vocational skills in a way that has not been possible through other practical training placements included in our studies. Therefore, participation in a development project has broaden our readiness to work in various projects in the field of health and social services.

Knowledge about group intervention together with the actual practical experience of group leading has deepened our understanding of group treatment as a whole. Experience gained through the development project has definitely improved our group leading skills. For example, conducting this thesis has given us important insight into what should be considered when planning group activity and what is the role of a leader in a group. Reflecting the group sessions has taught us about our own strengths and weaknesses as group leaders. Recognizing aspects that could have been done better is essential in order to develop as a group leader.

Knowledge about psychoeducational work and its multiple forms has been beneficial. Deeper understanding about mental disorder prevention, mental health promotion, and psychoeducational approach can be utilized in nursing profession in various health care environments.

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Appendix 1. Structure of the pilot group sessions

First session (Recognizing one's own strengths)

1. Introduction of the group leaders and participants, and a short discussion of Buusti group.
2. Introducing the topic to the group
 - Examples to demonstrate the benefits of knowing own strengths: Essential when choosing a career or when applying for a job
3. Tree of resources (Appendix 2)
 - Everyone, including the group leaders, write their ideas and thoughts to the tree of resources according to the instructions. Afterwards everyone are asked to share one or more ideas of their tree.
 - Discussion of the thoughts emerged during the exercise.
4. Positive features of the fellow group members. (Appendix 3)
 - Everyone writes at least one positive feature on the group member's paper.
 - Sharing the feelings and thoughts after the exercise.
5. Cards

50 cards with various pictures, thoughts and moods are spread on the table. Everyone chooses one card which reflects their important resource / strength at the moment and shows it to the group, and shortly explains the reasons why they chose that card.
6. Feedback (Appendix 6)

Second session (Positive self talk)

1. Introduction of the group leaders and participants.
2. Introduction of the topic.
3. ABCD-model (Appendix 4)
 - Examples of the subconscious thinking patterns in situations that might cause negative emotions like disappointment or anger.
 - Examples to demonstrate what kind of effect more positive beliefs and solutions can have
4. Mind Body Bridging- exercise (Appendix 5)

the exercise was conducted individually, afterwards feelings and thoughts about the exercise were shortly discussed.

5. Cards

- The same exercise with the cards than in the end of the first session.

6. Feedback (Appendix 6)

Third session (Stress management)

1. Introduction of the group leaders and participants.

2. Discussion about stress in general.

- Colored post it- notes were shared to the participants. Three questions about stress were asked: What is stress? What are the symptoms of stress, how does stress feel like? What kind of stress management methods do you know?
- The answers to the first two questions were written on a board and discussed with several examples.

3. Poster about stress management

- The participants were asked to discuss their answers to the third question, stress management methods. They were instructed to write their ideas on a poster with colorful markers. When they were ready, the different ideas of stress management were discussed in the group.

4. Guided progressive relaxation.

A short relaxation, read by the other group leader.

5. Feedback. (Appendix 6)

Appendix 2.

Tree of resources

Exercise from Sovatek materials. Image: Clipartsgram.com.
Accessed on 29 October 2017. Retrieved from
<https://www.clipartsgram.com/download/mP1IHnG>



Roots: Write down your basic resources. They are the persons or matters that have helped you in different situations in life or that give you strength in your present situation.

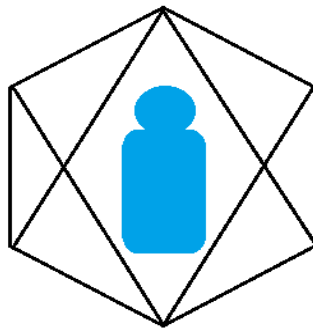
Trunk: Write down things that you know or you are good at.

Branches: Write down things that you enjoy or that cause you happiness and joy.

Leaves: Dreams and hopes for the future.

Appendix 3.

Positive features of other group members



Name of the client

Every group member writes their name on the paper and the papers are circled among the group members, so that everyone writes to every member's paper at least one positive feature. In the end everyone reads their own paper and the comments.

Appendix 4. ABCD model

1. Activating event – starts the thinking process.

Example. *“I said hello to the new neighbour but he did not reply.”*

2. Belief – how you explain the event to yourself.

Example. *“The neighbor does not like me. He is so mean. This is why you should never say hello to strangers.”*

3. Consequences – the emotions, what was the reaction?

Example. *“I feel angry and ashamed.”*

4. Discover – new beliefs and solutions.

Example. *“Perhaps the neighbor did not hear me because he was packing his car.” or “I don’t need to take this personally. I don’t know why he did not reply, but he might have good reasons for that.”*

Appendix 5. Mind Body Bridging -exercise.

This exercise is retrieved from the web pages of the Finnish Association for Mental Health and it has been modified slightly. The exercise is originally in Finnish, the translation is executed by the author. Accessed on 13 October 2017. Retrieved from <https://www.mielenterveysseura.fi/fi/mind-body-bridging-harjoituksia>

Map exercise

Think about an issue that causes you stress or bothers your mind. Draw an ellipse on the paper and write the stress factor inside it. Then for two minutes, write the ideas and thoughts related to the stress factor.

Then answer these questions in your mind:

Is your mind restless or calm? How does your body feel, do you feel relaxed or can you feel any tension? Assess your functional abilities in this mental and physical state?

After this, calm your mind by taking a comfortable position and by concentrating on the things you see around you. Have a look at colors, shapes, various surface materials and listen to the sounds in the background. Feel your body weight against the chair, feel the floor under your feet and the pen in your hand. If thoughts appear in your mind, gently focus again on your observations and background sounds. Take your time.

When you feel yourself calm, draw another ellipse on a new piece of paper, and start writing down your thoughts again. Note, how the color from the pen appears on the paper as you write, feel the pen in your hand and listen to the sounds on the background. Spend 1-2 minutes writing your thoughts.

Then answer the same questions again:

Is your mind restless or calm? How does your body feel, do you feel relaxed or can you feel any tension? Assess your functional abilities in this mental and physical state?

Is the first map different from the second?

Do you feel yourself less stressed after drawing the second map? If your mind and body were always in this state, would you feel less stressed and would you feel that you could utilize your resources?

What are the differences between the two maps?

Palautekysely ryhmätoiminnasta

Buusti-ryhmä/Sovatek-säätiö

1. Mikä mielestäsi oli hyödyllistä?

2. Mitä mieltä olit harjoituksista?

3. Mikä ei ollut hyvää?

4. Mitä muuta olisit toivonut?